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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/854,869
		Filing Date	May 14, 2001
		First Named Inventor	Howard Federoff
		Group Art Unit	1632
		Examiner Name	D. Crouch
Total Number of Pages in This Submission	3	Attorney Docket Number	176/60088 (6-11406-600)

ENCLOSURES (check all that apply)

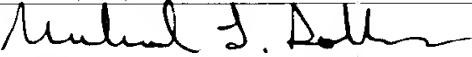
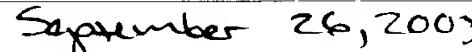
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Declaration and Power of Attorney | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Application Data Sheet |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures |
| <input type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Response to Missing Parts: Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

- The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

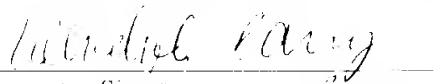
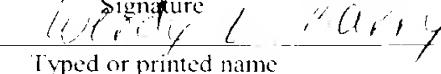
Firm or Individual name	Michael L. Goldman, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600	
Signature		
Date	Registration No. 30,727 	

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Main Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at

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9/26/03
Date


Signature

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EE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$110)

Complete if Known	
Application Number	09/854,869
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First Named Inventor	Howard Federoff
Examiner Name	D. Crouch
Art Unit	1632
Attorney Docket No.	176-60088 (6-11406-600)

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name: Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
10	-20** -	0 X 0	0
Independent Claims	2	-3** -	0 X 0
Multiple Dependent		X	0

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2202	140	Multiple dependent claims, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)			
3. ADDITIONAL FEES			
Large Entity	Small Entity		
Fee Code	Fee Code		
Fee (\$)	Fee (\$)		
1051	30	2051	65
1052	50	2052	25
1053	30	2053	130
1812	2,220	1812	2,520
1804	9,0*	1804	920*
1805	1,840*	1805	1,840*
1,51	10	2,51	55
1,52	410	2,52	205
1,53	930	2,53	465
1,54	1,480	2,54	725
1,55	1,970	2,55	985
1401	720	2401	160
1402	720	2402	160
1403	1,80	2403	140
1451	1,710	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1201	1,300	2501	650
1202	470	2502	235
1203	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8051	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Terminal Disclaimer			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110)

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7/16/03
Date

Michael L. Goldman
Signature
Typed or printed name

SUBMITTED BY

Name (Print Type) Michael L. Goldman

Signature *Michael L. Goldman*

Complete (if applicable)

Registration No. 30,727

Telephone (585) 263-1304

Date September 26, 2003